## MRE ACCOUNTABILITY

Point of Contact:\_\_

Unit Inspected: Dat	Date of Inspection:				
Unit Representative: Uni	Unit Phone No.:				
Inspector's Name: Ins	Inspector's Phone No.:				
Unit Overall Rating: T P U					
REFERENCES: a. AR 30-22, 30 Aug 02 b. DA Pam 30-22, 30 Aug 03	2				
STANDARDS: "T"= 90% success rate of evaluated tasks with no failed critical tasks. "U"= less than 70% success rate of evaluated tasks or one failed critical		"= 70% succe	ss rate of e	evaluated ta	asks with no failed critica
INSPECTION CRITERIA		LEVEL	GO	NO GO	REMARKS
1. Does the unit have on hand the <b>most current</b> publications as referenced above	?	CO/BN			
2. Is the unit maintaining DA Form 5914 on file for a two-year period? (DA Pam 30-22, fig 4-9)		CO/BN			
3. <u>CRITICAL</u> Are transactions from the Troop Issue Subsistence Activity (TISA) poculumn c of the DA Form 5914? (DA Pam 30-22, fig 4-9)	osted to	CO/BN			
4. <u>CRITICAL</u> Are balances carried forward from the previous months DA Form 59 (DA Pam 30-22, fig 4-9)	14?	CO/BN			
5. <b>CRITICAL</b> Are cumulative balances accurately calculated in column f of the DA 5914? (DA Pam 30-22, fig 4-9)	A Form	CO/BN			
6. Is all required administrative data being properly posted to the DA Form 5914? (DA Pam 30-22, fig 4-9)		CO/BN			
REMARKS AND FINAL COMMENTS:					

Proponent For Inspection: DOL